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draws upon individual models of grief and family theories of interaction applied to grief and loss.[5]

Given that national grief can induce shifts in cultural and social norms, as communities grapple with the aftermath of such an event and endeavour to find meaning in the loss, a need arises for modified or entirely new models. Furthermore, as the reconstruction of meaning in response to loss constitutes the central process in grieving,[6] this model must encompass a meaning framework that highlights the resilience of the collective and its capacity to rehabilitate and adapt in the wake of catastrophe. Clinicians and researchers specialising in loss and trauma should establish a comprehensive model for national grief, just as we have a national trauma concept, that encompasses the multifaceted aspects of this phenomenon to address the existing gaps in traditional bereavement and trauma models. Moreover, acknowledging that the trajectory of the bereavement process could exert considerable influence on both individual and collective or national growth, it is imperative to formulate a national grief model encompassing these dynamics also.

We declare no competing interests.

Editorial note: The Lancet Group takes a neutral position with respect to territorial claims in published text and institutional affiliations.

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Antimicrobial resistance in the ongoing Gaza war: a silent threat

Conflicts and wars, such as those in Iraq and Syria, contribute substantially to the development and spread of antimicrobial resistance.[1] In the Gaza Strip (or Gaza), such resistance is rising, with a 300% increase in resistance to specific antibiotics seen in isolates from injured patients after the Great March of Return demonstrations, compared with non-injured patients.[2] War-related contributing factors to antimicrobial resistance include restricted resources, high casualties, suboptimal infection prevention control, and environmental pollution from infrastructure destruction and heavy metals release from explosives.[2,3] Before the start of the war on Oct 7, 2023, inadequate wastewater management in Gaza led to bacterial contamination in 34% of hospitals' water and surface samples with high resistance to antibiotics, particularly to carbapenems and cephalosporins.[4] Access to essential antibiotics, primarily through donations, has been a continuous challenge due to the blockade of Gaza, resulting in availability as low as 45%.[5] An already restricted national surveillance system for antimicrobial resistance adds to these challenges.

From May, 2018, to December, 2022, at Al-Awda Hospital's reconstructive surgical project in Gaza (supported by Médecins Sans Frontières), approximately 70% of positive cultures—predominantly from patients with osteomyelitis—were multidrug resistant. In 2022, around 65% of *Staphylococcus aureus* isolates were resistant to methicillin, and around 35% of *Pseudomonas aeruginosa* isolates showed resistance to ceftazidime and imipenem. Resistance mechanisms included 30% extended-spectrum beta-lactamases in Gram-negative isolates, with almost 25% of resistant Enterobacteriaceae being resistant to carbapenem (unpublished monitoring data from the Médecins Sans Frontières project in Gaza).

The current conflict in Gaza poses multiple challenges related to antimicrobial resistance. Gaza faces a constant influx of injured people with heavily contaminated wounds, mass casualties with restricted resources to manage the deceased, overcrowded hospitals with wounded patients lying on floors, and an absence of transmission-based precautions, exacerbating hospital-acquired infection transmission and community spread. Functioning hospitals have converged into sanctuaries for internally displaced people (IDPs), with Al-Shifa Hospital hosting around 50 000 IDPs, Al-Quds Hospital 2000, and Al-Ahli Arab Hospital 3000 during the bombing on Oct 17, 2023, with a total of around 117 000 IDPs.[6] This overcrowding, coupled with the breakdown of the water and sewage system due to bombings and the 1·5 million people being displaced into unhygienic cramped areas, has led to a surge in infection rates. As of Nov 1, 2023, the overwhelmed health system had treated 20 000 wounds with just 2500 beds initially available, and with only a third of hospitals functioning following fuel shortages. Consequently, heavily contaminated wounds with substantial devitalised tissue are not being operated on as frequently as needed to prevent infection. A severe shortage of medical professionals puts further strain on already exhausted staff who prioritise limb-saving and life-saving procedures over infection and antimicrobial resistance prevention. Moreover, critical shortages in basic medical equipment and essential

antibiotics, along with chaos, destruction, and dysfunctional microbiological laboratories, make implementing antimicrobial stewardship an unattainable luxury.

This war poses a substantial setback to the Gaza Ministry of Health's implementation of a national action plan to combat antimicrobial resistance, and disrupts achievement of the WHO-recommended core interventions for a people-centred approach in preventing such resistance. Immediate actions are needed to address the unfolding public health and antimicrobial resistance catastrophe in Gaza. These actions include ensuring clean and sufficient water, essential medical supplies, improvements to hospitals, and a humanitarian corridor for transferring wounded patients out of Gaza. Emergency preparedness should incorporate antimicrobial resistance prevention packages for rapid deployment and implementation during large-scale emergencies such as wars. Without prompt action, this war threatens to redefine antimicrobial resistance epidemiology in Gaza and beyond.

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The conflict in Gaza: a view from Israel

Khamis Elessi[1] writes as a physician describing the deteriorating situation in the Gaza Strip (or Gaza) and pleads to save the residents of Gaza from catastrophe. We share his concern for all the innocent people in Israel and in Gaza. Unfortunately, his Correspondence contains inaccuracies and omits information that paints a very different picture of the catastrophe and its causes.

The Correspondence takes the Israeli occupation of Gaza in 1967 as the starting point, but it does not mention that Israel withdrew entirely from Gaza in 2005 with the hopes that Gazans would build their own future and thrive. All Israel asked is that the Palestinian leadership cease its hostilities against Israel, which, tragically for both Gazans and Israelis, did not happen. Crucial here is the position of Hamas, which seized control over Gaza in 2007. Hamas' political platform has always called for the destruction of the "Zionist entity" or, in simple terms, the eradication of Israel.[2] Hamas has been declared a terrorist organisation not only by the UK, but by the USA, the EU, Canada, and Australia.[3] Although we do not accuse Elessi of supporting Hamas terrorists, his letter is one-sided and does not do justice to the humanitarian crisis that is unfolding.

Since 2007, Hamas has unlawfully fired tens of thousands of rockets into Israel; in the past 2 weeks alone the number stands at over 6000.[4] Hamas aims their indiscriminate fire at major population centres where Israel's leading medical facilities are located. This includes rockets fired at Sheba Tel HaShomer Medical Center (Tel Aviv, Israel), where Elessi received some of his training.

Some critics of the Israeli Government claim that Israel targets health facilities and ambulances—it does not. The Israeli army is clear and explicit that its enemy is Hamas and not the civilian population of Gaza.[5] However, Hamas have long chosen to hide their armaments and military personnel in civilian buildings, including mosques, schools, and, yes, hospitals.[6] What choice does Israel have but to defend itself? We offer the American combat veteran David French's clear analysis of these challenges in a recent *New York Times* piece.[7]

The most blatant omission of Elessi's letter is any mention of the horrific events of Oct 7, 2023, that precipitated Israel's current campaign in Gaza. As a fellow clinician, he will no doubt agree on the importance of the history of present illness as a crucial background to the patient's chief complaint. On that day, Hamas killed 1400 Israelis and foreign citizens, of all religions and 25 different nationalities.[8] Most of these people were civilians.[8] It should also be noted that Hamas murdered medical personnel who were tending to the wounded.

Elessi complains of a tragic disregard for Gaza's civilians. A recent example of this, which took place after the Correspondence was published, was the attack on al-Ahli Arab Hospital on Oct 17, 2023. The USA, the UK, and other countries have said that the attack on this hospital was probably caused by a rocket fired by Islamic Jihad, another terrorist group.[9,10]

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